

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Stand For Truth, Inc.</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592337	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY <b>01 / 21 / 2016</b>	

Full Name of Payee <b>One Harbor, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 20 / 2016</b>	
Mailing Address <b>PO Box 22942</b>		Amount <b>31500.00</b>	
City <b>Houston</b>	State <b>TX</b>	Zip Code <b>77227</b>	Transaction ID : <b>SE.4226</b>
Purpose of Expenditure Media production		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 19 / 2016</b>
Name of Federal Candidate <b>MARCO RUBIO</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		<b>1393700.00</b>	

Full Name of Payee <b>SRCP Media, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 20 / 2016</b>	
Mailing Address <b>201 North Union Street Suite 200</b>		Amount <b>286283.00</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE.4225</b>
Purpose of Expenditure Advertising - TV		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 19 / 2016</b>
Name of Federal Candidate <b>MARCO RUBIO</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		<b>1362200.00</b>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>317783.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*D Eric Lycan**[Electronically Filed]*

Date

MM / DD / YYYY  
**01 / 25 / 2016**

Signature